Headquarters U.S. Air Force

Integrity - Service - Excellence

Introduction to Coding and MHS Data

Lt Col Jeanne Yoder

Jeanne.yoder@pentagon.af.mil

6 Jan 04

U.S. AIR FORCE

U.S. AIR FORCE

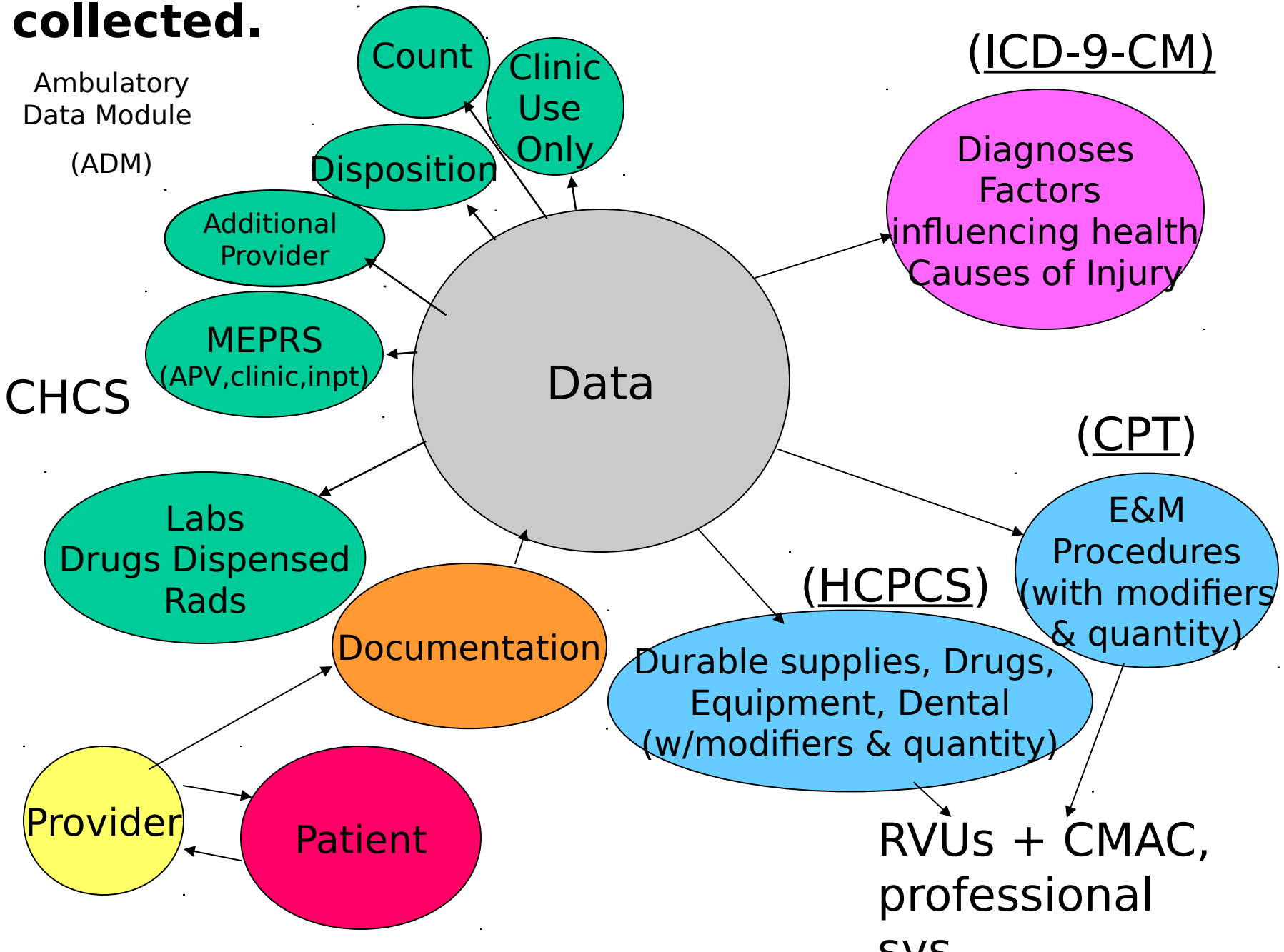
Objectives

- Examine how medical coding fits together
- Explain the coding systems
- Recognize what your boss is talking about with RVUs, CMAC and MEPRS

Overview

- Coding BIG Picture
  - CHCS/Ambulatory Data Module (ADM)
  - Relative Value Units (RVUs)
  - CHAMPUS Maximum Allowable Charge (CMAC)
  - “Count” and “Non-count” encounters
- ICD-9-CM
- CPT (Evaluation and Management, Procedures)
- HCPCS
- MEPRS

CODING PICTURE – What can be collected.



U.S. AIR FORCE

Relative Value Units (RVUs)

- Evolved from Resource Based Relative Value Scale (RBRVSs)
- Air Force uses “Column L – Fully Implemented Facility Total” Sum of professional services + plant/equipment+ malpractice
  - TMA used “Column K – Fully Implemented Non-Facility Total” Sum of professional services + non-fac plant/equip + malpractice
- Use Medicare RVUs in Military Health System
- 1 RVU = 15 minute established office visit (99213)
- 1 RVU = remove impacted cerumen (69210)
- 6.78 RVU = vasectomy (includes preop, op, and f/u)
- Used to compare productivity (of tasks which are usually reimbursable by insurance companies)

2004 National Physician Fee Schedule Relative Value File

codes and descriptions only are copyright 2003 AMA. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2002 American Dental Association. All Rights Reserved.

REVISED 12/29/2003

HCPCS	MOD	DESCRIPTION	Status Code	Not used for Medicare $	Fully Implemented Non-fac WORK RVU	Non-fac PE RVU	NA Ind	Fully Implemented Fac PE RVU	NA Ind	MP RVU	Fully Imple Non-fac Total	Fully Imple Fac Total
99201		Office/outpatient visit, new	A		0.45	0.50		0.16		0.02	0.97	0.63
99202		Office/outpatient visit, new	A		0.88	0.79		0.32		0.06	1.73	1.26
99203		Office/outpatient visit, new	A		1.34	1.13		0.48		0.10	2.57	1.92
99204		Office/outpatient visit, new	A		2.00	1.51		0.71		0.12	3.63	2.83
99205		Office/outpatient visit, new	A		2.67	1.80		0.95		0.14	4.61	3.76
99211		Office/outpatient visit, est	A		0.17	0.39		0.06		0.01	0.57	0.24
99212		Office/outpatient visit, est	A		0.45	0.54		0.16		0.02	1.01	0.63

CHAMPUS Maximum Allowable Charge (CMAC)

- 1 Fac Total RVU = approximately $40
  - Based on geographic location
- Overseas use Portland, Oregon
- Used to compare costs
- Many HCPCS codes will have a CMAC (cost), but no RVU (productivity)
- When Outpatient Itemized Billing sends a bill, it is based on the CMAC for that code

"Count" and "Non-count"

U.S. AIR FORCE

- Idea unique to Military Health Service
- Used in Army and Navy for manning decisions (I think)
- Used in regions with Managed Care Support Contracts that are not under revised financing for bid price adjustment
  - Not overseas
  - Revised financing regions – 1, 2, 5
- Must meet all 4 to be a count (usually, some things grandfathered and a few cats and dogs)
  - Privileged provider interaction with patient
  - Independent medical judgement
  - Opportunity to start, stop, change care or keep the same
  - DOCUMENTED

U.S. AIR FORCE

What may we code?

- Code ONLY what is documented
  - Need legible, complete documentation
- Code significant medical interventions
  - Document things like calling back lab results, but if just giving results, no need to code
- Code what is important to YOUR facility/service
  - HEDIS/other metrics
  - Billable
- Code to the level YOUR facility/service needs

ICD-9-CM

International Classification of Diseases – 9th revision-Clinical Modifications

- Epidemiology system written by World Health Organization
  - Clinical modifications were additional conditions/reasons for hospitalization
  - Not modified for outpatient visits
- Outpatient uses volumes 1 and 2 (alphabetic and tabular)
- Inpatient uses volumes 1, 2 and 3 (3 is inpatient procedures)
- ICD-10

ICD-9-CM

International Classification of Diseases – 9th revision-Clinical Modifications

- **Inpatient institutional reimbursement** based on these codes to form the Diagnosis Related Group (DRG)
- Outpatient uses to show medical necessity
- Used for:
  - Population Health
  - Clinical Quality
- Entered in the “Icd-9” or “ICD-9 Dx Description” field

ICD-9 Field

- Use codes in ICD-9-CM
  - Diagnosis **###** or **###.#** or **###.##** or **###.## #**
  - V-Codes **V##.#** or **V##.##**
  - E-Codes **E###** or **E###.#**
- Used to tell the story of the visit
  - Indicates medical necessity
  - Supports billing for outpatient coding
- Used to determine inpatient facility reimbursement (diagnoses plus inpatient procedures generate the Diagnosis Related Group)

ICD-9 Field

- Diagnosis
  - Current conditions (don't code resolved conditions)
  - Underlying conditions
  - Highest known level
  - AF - Code with "U" for "unconfirmed" to explain actions
- Factors Influencing Health
  - Well babies, physicals, screenings, hx of cancer, f/u visits, need for immunizations, counseling and education
- External Causes of Injury

ICD-9 Field

- If there are only three numbers “XXX” (only 96 dx), you may code only three numbers
  - 460 Cold
- If there are four possible numbers”XXX.X”, you must code four numbers
  - 599.0 UTI
- If there are five possible numbers”XXX.XX”, you must code five numbers
  - 250.00 DM, NOS
- If there are DoD extender codes, you must use one of them
  - V70.5_ _ 6 **Post deployment exam** (for problems related to deployments)

ICD-9 Field in ADM

- 1, 2, 3, 4, U
  - 1 – primary diagnosis, diagnosis/condition that most closely matches why the person came in
  - 2 – second condition treated or underlying cause
  - 3 and 4 – up to provider, if extensive time spent counseling (not just “You should exercise more”)
  - U – unconfirmed (for the AF), not used by Navy or Army
    - If you type in more than 4, those without 1/2/3/4 will get a U
- Must assign number of procedure to match the number of the diagnosis (e.g., 1, 2, 3, 4)
  - OM does not match to remove impacted cerumen; Impacted cerumen matches to remove impacted cerumen

U.S. AIR FORCE

ICD-9 Field

- Code to collect data to the level you will use/ need (Ask your Service for their needs)
- If you want to code to detailed level, you must teach your providers to document to that level

381	AC NONSUP OTITIS MED NOS	334
381.01	AC SEROUS OTITIS MEDIA	358
381.02	AC MUCOID OTITIS MEDIA	6
381.03	AC SANGUIN OTITIS MEDIA	3
381.04	AC ALLERGIC SEROUS OM	7
381.06	AC ALLERG SANGUINOUS OM	1
381.1	CHR SEROUS OM SIMP/NOS	115
381.19	CHR SEROUS OM NEC	56
381.2	CHR MUCOID OM SIMP/NOS	21
381.29	CHR MUCOID OM NEC	4
381.3	CHR NONSUP OM NOS/NEC	32
381.4	NONSUPP OTITIS MEDIA NOS	142
382	AC SUPP OTITIS MEDIA NOS	1470
382.01	AC SUPP OM W DRUM RUPT	177
382.02	AC SUPP OM IN OTH DIS	5
382.1	CHR TUBOTYMPAN SUPPUR OM	1
382.2	CHR ATTICOANTRAL SUP OM	2
382.3	CHR SUP OTITIS MEDIA NOS	67
382.4	SUPPUR OTITIS MEDIA NOS	42
382.9	UNSPECIFIED OTITIS MEDIA	5059

U.S. AIR FORCE

Current Procedural Terminology (CPT)

- System developed to obtain **reimbursement for inpatient and outpatient professional services**
- Two coding systems
  - Evaluation and Management
  - Procedures
- Usually involve productivity
- Written by AMA
- Secret decoder – read “physician” as “provider”
- Used for staffing and budget

U.S. AIR FORCE

Current Procedural Terminology (CPT)

- A way to obtain reimbursement from insurance companies for work done in a group practice, both in the office and for work done in hospitals
- **0xxxx** Anesthesia
- **1xxxx - 6xxxx** Invasive Procedures
- **7xxxx** Diagnostic Imaging/Radiation Oncology
- **8xxxx** Lab
- **9xxxx** Non-invasive Procedures (e.g., immunizations, mental health, optometry, neurology, cardio-pulmonary, OT, PT, nutritional medicine, osteopathic manipulations)
- **99201-99499** Evaluation and Management (types of encounters)

Current Procedural Terminology Evaluation and Mngt (E&M) Field

- Type of visit
  - Office (new and established)
  - Rounds/admit/discharge
  - Consult (outpatient, inpatient, confirmatory)
  - ER
  - Telephone consults
  - Physicals (new and established)
  - Group prevention
  - Special Eval and Mngt
  - No visit/procedure only (use code 99499)
- Not all specialties use the office visit E/M (Mental Health, PT/OT, Optometry/Ophthalmology, Nutritional Medicine)

Current Procedural Terminology Evaluation and Mngt (E&M) Field

U.S. AIR FORCE

- Currently starting collection of inpatient professional services
  - http://www.pasba.amedd.army.mil/CodingFrameset.html
  - http://tricare.osd.mil/org/pae/ubu/
  - https://phsd.afms.mil/webpages/index38.htm
  - https://bdqas.afms.mil/index2.htm (click on announcements - IBWA)
- Will now have ALL workload, not just outpatient
  - Easier to compare to civilian sector

Healthcare Common Procedure Coding System

CPT/HCPCS Codes Field

- Developed as method for reimbursement from insurance companies for things furnished in a provider practice which are not professional services
  - Drugs, neck braces, crutches, ambulance runs
- Written by Centers for Medicare and Medicaid Services
- Usually involve cost, occasionally involve productivity
- Because it is such a dumping ground, has applications in staffing, budget, population health, clinical quality
- **X####** (format is letter with 4 numbers and no decimal point)

Current Procedural Terminology Procedure Codes

CPT/HCPCS Codes Field

- Procedures
  - Only code those done and interpreted in the clinic (usually not diagnostic imaging [7xxxx] and not laboratory [8xxxx] codes)
  - Must be explained by the diagnosis codes
  - Must be done at the most appropriate level
  - “Money makers” in the civilian sector – earn Relative Value Units (RVUs)
  - Understand difference between office procedures (do not need post operative medical supervision) and Ambulatory Procedure Visits

Healthcare Common Procedure Coding System CPT/HCPCS Codes Field

U.S. AIR FORCE

- Healthcare Common Procedure Coding System
  - Will impact accrual fund for TRICARE Senior Prime
  - Very important for Third Party Collection/ Outpatient Itemized Billing (OIB)
  - Codes for durable supplies (e.g., crutches, orthotics), drugs (office administered, e.g., depo provera injection for contraception), ambulance services (vehicle and tech portion)

ADM Patient Encounter

ANT,ADAM 20/000-51-0101 AGE:46y

Appt Date/Time : 28 Jun 2003@1600 Type: ROUT Status: KEPT

Clinic: GENERAL SURGERY SAME DAY SURGERY MEPRS : BBA5

In/Outpatient: Outpatient APV: Yes Work Related: No

Appt Provider: BUNNY,EASTER Injury Date :

2nd Provider #1: CLAUS,SANTA Role: ASSISTING

2nd Provider #2: Role:

Disposition: RELEASED W/ WORK DUTY LIMITATIONS

==========

ICD-9 Dx Description Priority

+	401.0	MALIGNANT HYPERTENSION	3
	305.1	TOBACCO USE DISORDER	U
	250.60	DIABETES W NEULOL MANIF UNSPEC	4
	278.01	MORBID OBESITY	2

Chief Complaint: 540.9 ACUTE APPENDICITIS NOS

ADM Patient Encounter - E&M Code Enter/Edit

ANT,ADAM 20/806-51-0101 AGE:51y

Appt Date/Time : 28 Jun 2003@1600 Type: ROUT Status: KEPT

Clinic: GENERAL SURGERY SAME DAY SURGERY MEPRS : BBA5

==========

ICD-9	Dx Description	Priority
540.9	ACUTE APPENDICITIS NOS	1
278.01	MORBID OBESITY	2
401.0	MALIGNANT HYPERTENSION	3
250.60	DIABETES W NEULOL MANIF UNSPEC	4

========== Dx Lvl ==========

E&M Code Description (Maximum of 3 codes) 1-4 Mod1 Mod2 Mod3 Units

---

99499 UNLISTED EVALUATION AND MANAGEMENT SERVICE 1 1

Edit Icd-9 e&M Cpt/hcpcs Admin Code File View mail cUo eXit

ADM Patient Encounter - CPT/HCPCS Code Enter/Edit

ANT,ADAM 20/000-51-0101 AGE:46y

Appt Date/Time : 28 Jun 2003@1600 Type: ROUT Status: KEPT

Clinic: GENERAL SURGERY SAME DAY SURGERY MEPRS : BBA5

==========

ICD-9 Dx Description Priority

540.9 ACUTE APPENDICITIS NOS 1

278.01 MORBID OBESITY 2

401.0 MALIGNANT HYPERTENSION 3

250.60 DIABETES W NEULOL MANIF UNSPEC 4

========== Dx Lvl ==========

CPT/HCPCS Description 1-4 Mod1 Mod2 Mod3 Units

44970 LAPAROSCOPY, APPENDECTOMY 1 1

00700 ANESTH, ABDOMINAL WALL SURG 1 AA 1

J2250 INJ MIDAZOLAM HYDROCHLORIDE 1 20

MEPRS (Medical Expense + Performance Reporting System)

- Use MEPRS to determine time actually spent in clinic
  - Be sure to properly allocate time;
    - Axxx (inpatient care),
    - EBCC (committees),
    - FALx (continuing health ed),
    - FCDA (help to other MTFs),
    - FCGA (base details),
    - readiness…
- Know who is using MEPRS
  - Those individuals in the Defense Health Program
  - Those individuals not in DHP but working in MTF

U.S. AIR FORCE

Objectives

- Examine how medical coding fits together
- Explain the coding systems
- Recognize what your boss is talking about with RVUs, CMAC and MEPRS

U.S. AIR FORCE

Future Talks

- February – Evaluation and Management
- March – CPT Procedures
- April – HCPCS
- May – ICD-9-CM
- June – Business of Coding (CPT and HCPCS)
- July – Aggregate Audits
- August – Documentation
- September – Super Bills
- October – Using Clinical Data (ICD-9-CM)

- Talks subject to change

U.S. AIR FORCE

Questions?

- E-mail your service POC:
  - Lazo, Cielito V. GS BUMED [CVLazo@US.MED.NAVY.MIL]
  - Zoblosky Shirley M Civ AFMOA/SGZZ [Shirley.Zoblosky@brooks.af.mil]
  - Garza Alicia C Civ AFMOA/SGZZ [Alicia.Garza@brooks.af.mil]
  - Army – e-mail PASBA coding help desk
- Or e-mail jeanne.yoder@pentagon.af.mil